

**SFY 2014 OhioMHAS Board-Funded Goals & Objectives Application
FACE SHEET**

FACE SHEET TYPE (check one)	SERVICE TYPE (check one)
<input type="checkbox"/> Original <input type="checkbox"/> Revision* <input type="checkbox"/> Report**	<input type="checkbox"/> Treatment & Recovery <input type="checkbox"/> Prevention

*Check Revision when submitting a Face Sheet to OhioMHAS for an application, program, or budget revision.

**Check Report when submitting annual reports.

Total ODADAS Funds Requested: \$ _____ Grant Period: _____ to _____

Pending Grant Number: _____ Program Title: _____

IMPLEMENTING AGENCY INFORMATION	
Implementing Agency Name	
Executive Director	
Mailing Address	
City, State Zip Code	
Telephone Number	
Fax Number	
Executive Director's Email Address	
Fiscal Officer's Name	
Fiscal Officer's Phone Number	
Fiscal Officer's Email	
Federal Tax ID Number	
ADAMHS/ADAS Board Name	

Authorized Implementing Agency Board Member

Date

Implementing Agency Executive Director

Date